

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH			
County of <u>Gila</u>		BUREAU OF VITAL STATISTICS		State Index No. <u>1234</u>	
District of _____		ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>541</u>	
Town of _____		Local Registrar's No. _____			
City of <u>Globe</u>		(No. _____ St. _____ Ward)			
FULL NAME OF CHILD <u>Frank George Cosseboom</u>					<div style="display: flex; justify-content: space-between;"> Born Yes </div> <div style="display: flex; justify-content: space-between;"> Alive <input checked="" type="checkbox"/> </div>
If child is not named, make Supplemental Report on blank obtainable from local Registrar.					
Sex of Child <u>M.</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Oct. 5</u> 192 <u>1</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Bruce Walter Cosseboom</u>			Full Maiden Name <u>Laura Elizabeth Lucas</u>		
Residence <u>Globe, Ariz.</u>			Residence <u>Globe, Ariz.</u>		
Color or Race <u>White</u>	Age at last Birthday <u>30</u> (Years)	Color or Race <u>White</u> Age at last Birthday <u>29</u> (Years)			
Birthplace <u>Colorado</u>			Birthplace <u>Colorado</u>		
Occupation <u>Stationary Engineer</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>2</u>		Number of children, of this mother, now living <u>2</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
I hereby certify that I attended the birth of the above child; and that it occurred on <u>Oct. 5</u> 192 <u>1</u> , at <u>5¹⁵</u> P. M.					
<div style="border: 1px solid black; padding: 2px;"> *When there is no attending physician or midwife, then the householder should make this return. </div>			(Signature) <u>C. W. Adams</u> (Attending physician, midwife, householder.)*		
Given or Christian name added from a _____			Address <u>Globe, Ariz.</u>		
supplemental report _____ 192 _____		Filed <u>Oct 10</u> 192 <u>1</u>		LOCAL REGISTRAR.	
<u>634-1005-332</u>		A True Copy Filed <u>Nov 6</u> 192 <u>1</u>		<u>B. E. S. J. A.</u> COUNTY REGISTRAR.	
COUNTY REGISTRAR.					